

# St. Charles Youth Commission

*A community effort linking city government to the people it serves*



All grant application ideas/proposals **MUST** originate from  
St. Charles Youth.

**All requests must be submitted on the following forms for  
funding consideration.**

Contact Nancy McFarland for additional information at  
(630) 377-7059

St. Charles Youth Commission

211 N. Riverside Avenue  
St. Charles, Illinois 60174  
630-377-4435

GRANT 2015-2016

## INFORMATION

It is the belief of the St. Charles Youth Commission that our young people have insights into both the issues that impact our youth and ideas to bring about positive change.

Please answer the following grant criteria by writing neatly or typing your answers on the following pages. **DO NOT INCLUDE YOUR NAME(S), SCHOOL OR GROUP IDENTITY IN ANY OF YOUR ANSWERS TO ITEMS 2-5.**

1. **INFORMATION**

This page should contain your name(s), school or group that is submitting this grant request.

2. **IDENTIFIED NEED**

Please write one paragraph stating a need you see in our community and describe how you and your youth group could make a positive impact.

3. **THE PROJECT**

In one paragraph, describe your project and how it will address your identified need.

4. **PROJECT GOALS**

Describe the goals of your project.

5. **BUDGET AND TIMELINE**

Please provide a proposed budget of what you estimate your expenses will be as well as a timeline for the implementation and completion of your project.

**NOTE: A report back to the Youth Commission is considered an essential part of the Grant. This report should include an accounting of how your funds were spent. You will be invited to present your completed project to the Youth Commission and share your experience.**

# St. Charles Youth Commission 2015-2016 Grant Application

## 1. INFORMATION

Please write neatly or type your application following the criteria requested on each page.

Name(s) and age(s) of applicant(s): \_\_\_\_\_

Group (if applicable): \_\_\_\_\_

Name(s) of adult(s) involved with your project: \_\_\_\_\_

## CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**All applications are due on or before December 11, 2015 at the Police Department. Please return all pages to:**

**St. Charles Youth Commission  
c/o St. Charles Police Department  
211 N. Riverside Avenue  
St. Charles, IL 60174**

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